

Case Number:	CM15-0005142		
Date Assigned:	01/16/2015	Date of Injury:	10/25/2014
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 19 year old male sustained an industrial injury on 10/25/14. He subsequently reports neck, right shoulder, right back and low back pain as well as right leg numbness and left hand cramping. He has been diagnosed with lumbar strain. The injured worker is to have an MRI, undergo physical therapy and start Tramadol, Naproxen, Fexmid and Methoderm medications. The UR decision dated 12/19/14 non-certified Anaprox - DS Naproxen Sodium 550MG #90, Fexmid Cyclobenzaprine 7.5MG #60 and Ultram Tramadol HCL ER 150MG #60 (DATE 11/24/2014). Anaprox - DS Naproxen Sodium 550MG #90; Fexmid Cyclobenzaprine 7.5MG #60; Ultram Tramadol HCL ER 150MG #60 were denied based on CA MTUS ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Anaprox DS naproxen sodium 550mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM web version, NSAIDs, pages 308-310

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 60, 67-73.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, right back, and low back. The current request is for Anaprox DS naproxen sodium 550mg quantity 90. There was only one treating physician report provide for review. The requesting treating physician report dated 11/24/14 (35B) states, 'Naproxen to take first line for pain and inflammation as the patient has failed OTC NSAIDs including aspirin and ibuprofen.' Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, 'A record of pain and function with the medication should be recorded, when medications are used for chronic pain.' It is unclear how long the patient has been taking Anaprox DS. In this case, the physician does not discuss the efficacy of this medication in the sole report provided. Furthermore, the report does not document any functional improvement from the use of Anaprox DS. The current request does not satisfy MTUS guidelines as outlined on page 60. Recommendation is for denial.

Fexmid cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cyclobenzaprine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page 63, Medications for chronic pain page 60 Page(s): 60, 63-66.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, right back, and low back. The current request is for Fexmid cyclobenzaprine 7.5mg quantity 60. There was only one treating physician report provide for review. The requesting treating physician report dated 11/24/14 (35B) states, 'Fexmid, a muscle relaxant to use PRN muscle spasms and for pain relief.' MTUS guidelines for muscle relaxants state the following: 'Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use.' MTUS guidelines for muscle relaxants for pain page 63 state the following: 'Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.' MTUS does not recommend more than 2-3 weeks for use of this medication. MTUS page 60 also states, 'A record of pain and function with the medication should be recorded, when medications are used for chronic pain.' It is unclear how long the patient has been taking Fexmid. In this case, there is no evidence of a trial of a first-line treatment and the use of this medication is only recommended for 2-3 weeks. Furthermore, there is no discussion of the efficacy of this medication or of functional improvement in the sole report provided for review. The current request does not satisfy MTUS guidelines as outlined on pages 60 and 63. Recommendation is for denial.

Ultram tramadol HCL ER 150mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM web version, NSAIDs, pages 308-310

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, right back, and low back. The current request is for Ultram tramadol HCL ER 150mg quantity 60. There was only one treating physician report provide for review. The requesting treating physician report dated 11/24/14 (35B) states, 'Tramadol ER to use as a long acting, less addictive pain reliever in order to decrease use of opiates.' MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). It is unclear how long the patient has been taking Tramadol. In this case, no evidence of functional improvement has been documented and there are no records provided that document the patient's pain levels with and without medication usage and none of the required 4 As are addressed. The MTUS guidelines require much more thorough documentation to recommend continued opioid usage. Recommendation is for denial and slow weaning per the MTUS guidelines.